

DOCKET NO.: WEST14-00015
Customer No.: 23990

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Paul F. Struhsaker et al.
Application No. : 09/839,729
Filed : April 20, 2001
For : APPARATUS AND METHOD FOR OPERATING A
SUBSCRIBER INTERFACE IN A FIXED WIRELESS SYSTEM
Art Unit : 2617
Examiner : Huy Q. Phan
Confirmation No. : 1217

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

**REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND
CHANGE OF CORRESPONDENCE ADDRESS**

The undersigned attorney, on behalf of and including the attorneys/agents associated with Customer No. 23990, hereby withdraw as attorneys or agents in connection with the above-identified matter.

The reasons for withdrawal are that the Owner/Applicant (1) has effectively discharged the practitioners by failing to respond and communicate with practitioners to reasonable requests concerning representation and/or (2) has failed to pay one or more bills rendered by the practitioners for an unreasonable period of time and/or has knowingly and freely assented to termination of the employment.

Accordingly, the practitioners believe that no further action on the part of the practitioners is necessary for withdrawal. However, as a precautionary matter, the practitioners have taken reasonable steps to avoid any foreseeable prejudice to the rights of the Owner/Applicant, including having performed the following:

- Given due notice to the Owner/Applicant that the practitioners are withdrawing from representation in this matter and have filed, or will be filing, the necessary papers with the Patent & Trademark Office,
- Delivered to the Owner/Applicant all papers and property to which the Owner/Applicant is entitled, or requesting instructions from the Owner/Applicant regarding disposition of the Owner/Applicant's files; and
- Notified the Owner/Applicant of any responses that may be due and the time frame within which Owner/Applicant must respond.

Please address all future correspondence to:

Mr. Michael S. Hynck
17519 Muirfield Drive
Dallas, Texas 75287

Respectfully submitted,

MUNCK CARTER, P.C.

Date: 11 Dec 2008



John T. Mockler
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**REQUEST FOR WITHDRAWAL
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AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/839,729
Filing Date	April 20, 2001
First Named Inventor	Paul F. Struhsaker
Art Unit	2617
Examiner Name	Huy Q. Phan
Attorney Docket Number	WEST14-00015

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☒ the practitioners of record associated with Customer Number: 23990

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR :

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input checked="" type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below. | |

Certifications**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Please see attachment.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

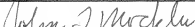
B. ☒ Inventor or
Assignee name Mr. Michael S. Hynek

Address 17519 Muirfield Drive

City Dallas State Texas Zip 75287 Country USA

Telephone _____ Email _____

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature 

Name John T. Mockler Registration No. 39,775

Address 600 Banner Place, 12770 Coit Road

City Dallas State Texas Zip 75251 Country USA

Date 11 Dec. 2008 Telephone No. 972-628-3600

NOTE: Withdrawal is effective when approved rather than when received.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.